

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E

US DOL ESA
Rec'd
AUG 12 2005
D
OLMS DRVA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5790</u>	2. Fiscal Year Covered From: <input type="checkbox"/> / <input type="checkbox"/> / <u>2004</u> Through: <input type="checkbox"/> / <input type="checkbox"/> / <u>2004</u>
3. Name and address of person filing. Name <u>Tony</u> <input type="checkbox"/> <u>R</u> <u>Schick</u> P.O. Box, Bldg., Room No., if any _____ Street <u>7309 Edenherry Ln.</u> City <u>Louisville</u> State <u>KY</u> ZIP Code + 4 <u>40219</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers Local #110</u> Labor Organization File Number <u>002417</u> P.O. Box, Building and Room Number, if any _____ Street <u>7711 Beulah Church Rd</u> City <u>Louisville</u> State <u>Ky</u> ZIP Code + 4 <u>40228</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____
---	--

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Tony R. Schick On 8/10/05 (502) 969-834
Date Telephone Number

Name of Person Filing <u>Tony R Schick</u>	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>SMW #110 Education & Training Fund</u></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <u>810 North English Station Rd</u></p> <p>City <u>Louisville</u></p> <p>State <u>Kentucky 40223</u> ZIP Code + 4 <u>4792</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
--	--

<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>Sheet Metal Workers membership training</p> </div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text" value="0"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>1 - Apprenticeship Completion Banquet (Louisville, Ky)</p> <p>1 - meeting/dinner</p> </div> <p>12.b. Amount. <input style="width: 100px;" type="text" value="\$128.00"/></p>
---	---

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100px;" type="text"/></p>

The information contained in the enclosed LM-30 report is based on my best effort to make a good-faith reconstruction of events occurring in 2004. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 report.

Tony R. Schick
Signature

8/10/05
Date

